



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: HEALTHSOUTH DEACONESS REHABILITATION HOSPITAL (EVANSVILLE)

City of Hospital: Evansville

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Rhonda Ramsey

Email Address: rhonda.ramsey@healthsouth.com

Medicare Provider Number: 15-3025

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$63748794
Outpatient Patient Service Revenue	\$3705139
Total Gross Patient Service Revenue	\$67453933

2. Deductions From Revenue

Contractual Allowance	\$25441231
Other Deductions	\$0
Total Deductions	\$25441231

3. Total Operating Revenue

Net Patient Service Revenue	\$42012702
Other Operating Revenue	\$125657
Total Operating Revenue	\$42138359

4. Operating Expenses

Salaries and Wages	\$13669351	Employee Benefits	\$3179349
Depreciation and Amortization	\$978970	Interest Expense	\$-15059
Bad Debt	\$883705	Other Expenses	\$6887805
Total Operating Expenses	\$25584121		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$16554238	Total Assets	\$32753501
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$10537236

Total Net Gains	\$16554238
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$47896124	\$16216837	\$31679287
Medicaid	\$6459258	\$3950706	\$2508552
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$13098551	\$5273688	\$7824863
Total	\$67453933	\$25441231	\$42012702

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$326350
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$132630	
HCI Payments	\$0		
Subtotal	\$0	\$132630	\$-132630
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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